

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>09/658 283 -</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			3			
TOTAL CLAIMS			6			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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